Fill in this information to identify your case:	
United States Bankruptcy Court for the:	
District of Puerto Rico	
Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

question.							
Par	t 1: Identify Yourself						
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	:			
1.	Your full name	JORGE					
	Write the name that is on your	First name	First name				
	government-issued picture	LUIS					
	identification (for example, your driver's license or passport).	Middle name	Middle name				
Bring your picture identification to your meeting with the trustee.		VILLAFAÑE GUZMAN					
		Last name	Last name				
		Suffix (Sr., Jr, II, III)	Suffix (Sr., Jr, II, III)				
2.	All other names you have	JORGE					
	used in the last 8 years	First name	First name				
Include your married or maiden names and any assumed, trade		LUIS					
		Middle name	Middle name				
	names and <i>doing business as</i> names.	VILLAFANE GUZMAN					
		Last name	Last name				
	Do NOT list the name of any separate legal entity such as a	JORGE					
	corporation, partnership, or LLC	First name	First name				
	that is not filing this petition.	LUIS					
		Middle name	Middle name				
		VILLAFANE					
		Last name	Last name				
		Business name (if applicable)	Business name (if applicable)				
		Business name (if applicable)	Business name (if applicable)				
		See continuation page.					
3.	Only the last 4 digits of your	vvv vv 1 6 2 0	VVV VV				
	Social Security number or	xxx - xx - <u>1</u> <u>6</u> <u>2</u> <u>9</u>	XXX - XX				
Offici	federal Individual Taxpayer dentification number (TTIN)	OR 9xx - xx - Voluntary Petition for Individuals	OR Filing for Banksyptov	page 1			
	(ITIN)	OA AC		F ~ 90 1			

Debtor 1 JORGE		LUIS	VILLAFAÑE GUZ	ZMAN	Case number (if known)				
		First Name	Middle Name	Last Name					
			About Debtor	1:		About Debt	or 2 (Spouse Only	in a Joint	Case):
4.	Your Employ Number (EIN	ver Identification), if any.			_	<u>—</u> -		· — —	_
			 EIN	- — — — —	_	 EIN		· — —	_
5.	Where you l	ve				If Debtor 2	lives at a different	address:	
			TOMAS DE	CASTRO WARD					
				Street		Number	Street		
			ROAD 788 H	KM 7.4					
			Caguas, PR	00725					
			City	State	ZIP Code	City		State	ZIP Code
			Caguas						
			County			County			
			fill it in here. N you at this mail				s mailing address lote that the court v ng address.		
			HC3 BOX 37	7536 Street			<u> </u>		
			Number S	olleet		Number	Street		
			P.O. Box			P.O. Box			
			Caguas, PR						
			City	State	ZIP Code	City		State	ZIP Code
6.	Why you are	choosing <i>this</i>	Check one:			Check one:			
	district to file	e for bankruptcy	Over the late have lived district.	ast 180 days before filing t in this district longer than	his petition, I in any other	Over th	e last 180 days bei red in this district lo	fore filing the	nis petition, I n any other
			I have ano (See 28 U.	ther reason. Explain. S.C. § 1408)		I have a	another reason. Ex 3 U.S.C. § 1408)	plain.	

JORGE LUIS VILLAFAÑE GUZMAN

First Name Middle Name Last Na	rst Name	Middle Name	Last Nan
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Par	t 2: Tell the Court About You	ır Bankr	uptcy Case				
7.	The chapter of the Bankruptcy Code you are choosing to file under	Bankrupi		cription of each, see A lso, go to the top of pa			. § 342(b) for Individuals Filing for riate box.
8.	How you will pay the fee	detai chec a cre l nee to Pa l req judge offici choo	pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more is about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's x, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with dit card or check with a pre-printed address. If you choose this option, sign and attach the Application for Individuals by The Filing Fee in Installments (Official Form 103A). Lest that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the all poverty line that applies to your family size and you are unable to pay the fee in installments). If you see this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form) and file it with your petition.				
9.	Have you filed for bankruptcy within the last 8 years?	☑ No. □ Yes.	District District		When MM /	DD / YYYY DD / YYYY	Case number Case number Case number
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☑ No. □ Yes.	District		When	D/YYYY	Relationship to you Case number, if known Relationship to you Case number, if known
11.	Do you rent your residence?	☑ No. ☐ Yes.	□ No. Go to line□ Yes. Fill out Ir				nst You (Form 101A) and file it

Case number (if known) ___

JORGE LUIS VILLAFAÑE GUZMAN

First Name	Middle Name	Last Name

Case number (if known)

Par	t 3: Report About Any Busin	ess	es You	Own as a Sole Proprietor				
12.	Are you a sole proprietor of	√	No. Go	to Part 4.				
	any full- or part-time business?		Yes. Na	ame and location of business				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of	of business, if any Street				
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.		City		State	ZIP Code		
			Chook	the appropriate box to describe ve		ZIP Code		
		Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A))						
			_	`	. , ,,			
		☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))						
		☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))						
				ne of the above	J.S.C. § 101(0))			
			<u> </u>	ne or the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).						
	For a definition of small business	Ą	No.	I am not filing under Chapter 11.				
	debtor, see 11 U.S.C. § 101(51D).		No.	No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
			Yes.	es. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.				
			Yes.	I am filing under Chapter 11, I am Bankruptcy Code, and I choose to			on in the	

VILLAFAÑE GUZMAN Debtor 1 **JORGE** LUIS Case number (if known) ___ First Name Middle Name Last Name Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention Part 4: ✓ No. 14. Do you own or have any property that poses or is ☐ Yes. What is the hazard? alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? If immediate attention is needed, why is it needed? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Number

City

State

ZIP Code

Where is the property?

JORGE

LUIS

VILLAFAÑE GUZMAN

Case number (if known) _

Middle Name

Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 I am not required to receive a briefing about credit
counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

_	I am not required to receive a briefing about credit
	counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so. Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

JORGE LUIS **VILLAFAÑE GUZMAN**

Debt	tor 1	JORGE	LUIS	VILLAFANE (GUZ	MAN Case	number	(if known)
		First Name	Middle N	ame Last Name				,
Dor	t (· Apolylo	Those Ouestion	o for D	anorting Durnage				
Part	t 6: Answei	These Question	IS TOT RE	eporting Purposes				
16.	What kind o	f debts do you	16a.			ner debts? Consumer debts are of for a personal, family, or househ		
			16b.			is debts? Business debts are del rough the operation of the busine		
			16c.	State the type of debts you ov	ve th	at are not consumer debts or bu	siness d	ebts.
17.	Are you filin	g under Chapter 7?		No. I am not filing under Cha				
	exempt prop and adminis paid that fun	nate that after any verty is excluded trative expenses ar ds will be available on to unsecured				Do you estimate that after any expenses paid that funds will be available		
18.	How many c	reditors do you t you owe?		1-49	0	25,001-50,000 50,00	00-100,0	000
19.	How much o	lo you estimate you worth?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	liabilities to			\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
For	you -	If I have States C If no atto have ob I reques I unders bankrup and 357	chosen to Code. I ure princy repetained are the relief in the tand make they case 11.	to file under Chapter 7, I am avoiderstand the relief available understand the relief available understand the notice required by accordance with the chapter of the statement, conceal can result in fines up to \$250,000.	ware nder or ag 11 U of title ling (each chapter, and I choose to p ree to pay someone who is not a .S.C. § 342(b). e 11, United States Code, specific property, or obtaining money or p or imprisonment for up to 20 year	nder Charoceed un attornation attornation	apter 7, 11,12, or 13 of title 11, United under Chapter 7. ey to help me fill out this document, I spetition.
		J(ORGE LU	JIS VILLAFAÑE GUZMAN, De	btor	1		

Executed on 12/04/2024

MM/ DD/ YYYY

JORGE

LUIS

VILLAFAÑE GUZMAN

Case number (if known)

First Name

Middle Name

Last Name

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ Roberto Figueroa Carrasquillo		
/s/ Roberto Figueroa Carrasquillo Signature of Attorney for Debtor	Date	12/04/2024 MM / DD / YYYY
Roberto Figueroa Carrasquillo Printed name R. Figueroa Carrasquillo Law Office P.S Firm name	.C.	
PO Box Box 186 Number Street		
- Street		
<u>Caguas</u> City	PR State	
City	State	
City	State	ZIP Code

JORGE LUIS VILLAFAÑE GUZMAN

First Name Middle Name Last Name

Additional Items: Continuation Page

2. All other names you have used in the last 8 years (cont.)

JORGE Middle name First name

Case number (if known) -

VILLAFANE GUZMAN

Last name

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

Fill in this inform	ation to identify y	our case and this filing	g:	
Debtor 1	JORGE	LUIS	VILLAFAÑE GUZMAN	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for t	he: District of Puerto	Rico	
Case number				 Check if this is an
				 amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Descr	ibe Each	n Residenc	e, Building, Land, or Other Real Estate	You Own or Have ar	n Interest In
1.	Do y	ou own or ha	ve any leg	gal or equitabl	e interest in any residence, building, land, or simil	ar property?	
	_	lo. Go to Part					
	1.1	es. Where is		able, or other	☐ Single-family home	the amount of any secur	claims or exemptions. Put red claims on Schedule D: nims Secured by Property.
		description			 Condominium or cooperative Manufactured or mobile home Land Investment property 	Current value of the entire property?	Current value of the portion you own?
		City	State	ZIP Code	☐ Timeshare☐ OtherWho has an interest in the property? Check one.		your ownership interest nancy by the entireties, or
		County			 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another 	☐ Check if this is com (see instructions)	munity property
					Other information you wish to add about this ite property identification number:		
2.					wn for all of your entries from Part 1, including any umber here		\$0.00
Pa	rt 2:	Descr	ibe Your	· Vehicles			
					nterest in any vehicles, whether they are registered rehicle, also report it on Schedule G: Executory Contra		
3.	Ca	rs, vans, truc	ks, tracto	rs, sport utility	y vehicles, motorcycles		
		No Yes					

4.		pples: Boats, trailers, mo	nomes, ATVs a	Who has an interest in the property? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☑ Check if this is community property (see instructions)	the amount of any securic Creditors Who Have Claic Current value of the entire property? \$9,023.00	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$9,023.00
5. Pa	4.1 Add t	Make: Model: Year: Other information: the dollar value of the lave attached for Part	2. Write that nu	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	the amount of any securic Creditors Who Have Cla Current value of the entire property?	laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$9,023.00
Do y	ou owr	n or have any legal or	equitable inter	est in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
 7. 	Exam ✓ No ☐ Ye	ronics uples: Televisions and rocollections; elect	s, furniture, linen	deo, stereo, and digital equipment; computers, printers cluding cell phones, cameras, media players, games	, scanners; music	
		es. Describe		ne 13 Pro Max op Apple Mackbook		\$950.00

8.	Collectibles of value	
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	☑ No	
	Yes. Describe	
9.	Equipment for sports and hobbies	
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	☑ No	
	Yes. Describe	
10.	Firearms	
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
	☑ No	
	Yes. Describe	
11.	Clothes	
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	□ No	
	Yes. Describe Clothing and personal effects	\$400.00
12.	Jewelry	
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	☐ No	
	✓ Yes. Describe Jewelry	\$50.00
13.	Non-farm animals	
	Examples: Dogs, cats, birds, horses	
	☑ No	
	Yes. Describe	
14.	Any other personal and household items you did not already list, including any health aids you did not list	
	☑ No	
	Yes. Give specific	
	information	
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$1,400.00
Pai	rt 4: Describe Your Financial Assets	

Do y	ou own or have any leg	gal or equitable interest in an	y of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples: Money you	ı have in your wallet, in your ho	ome, in a safe deposit box, and on hand when you file your petition	
	☐ No ☑ Yes		Cash:	\$45.00
17.			ounts; certificates of deposit; shares in credit unions, brokerage houses, multiple accounts with the same institution, list each.	
	☐ No ✓ Yes		Institution name:	
		17.1 Chapking account:	Banco Popular de PR Account Number: X1908	\$177.00
		17.1. Checking account:	Banco Popular de Puerto Rico (Joint account with Debtor spouse/separated)	<u> </u>
		17.2. Checking account:	Account Number: X9341 First Bank	\$0.00
		17.3. Checking account:	Account Number: X8505	\$20.00
		17.4. Checking account:	First Bank (d/b/a Jose L. Villafane Guzman) Account Number: X4668	\$4.44
		17.5. Checking account:	First Bank (Joint account with Debtor father) Account Number: X0383	\$1.00
18.		or publicly traded stocks	okerage firms, money market accounts	
	✓ No ☐ Yes	Institution or issuer name:		
19.	Non-publicly traded s LLC, partnership, and		orated and unincorporated businesses, including an interest in an	
	✓ No☐ Yes. Give specific information about			
	them	Name of entity:	% of ownership:	

20.	Government and corp	orate bonds and other	negotiable and non-negotiable instruments	
			s, cashiers' checks, promissory notes, and money orders. ot transfer to someone by signing or delivering them.	
	√ No			
	Yes. Give specific information about them	Issuer name:		
		-	_	
21.	Retirement or pension		1(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
	✓ No	IIIA, ENISA, Reogii, 40	T(k), 400(b), tillit savings accounts, or other pension or profit-straining plans	
	Yes. List each			
	account separately.	Type of account:	Institution name:	
		401(k) or similar plan:		
		Pension plan:		
		IRA:		
		Retirement account:		
		Keogh:		
		Additional account:		
		Additional account:		
22.	Security deposits and			
			de so that you may continue service or use from a company I rent, public utilities (electric, gas, water), telecommunications companies, or	
	others	o with landiords, propaid	ricit, public dillities (clostific, gas, water), telecommunications comparises, or	
	☑ No			
	☐ Yes	In	stitution name or individual:	
		Electric:		
		Gas:		
		Heating oil:		
		Security deposit on rer	ntal unit:	
		Prepaid rent:		
		Telephone:		
		Water:		
		Rented furniture:		
		Other:		

23.	Annuities (A contract for	r a periodic paym	ent of money to you, either for life or for a number of years)		
	☑ No	Issuer name and	description:		
24.	Interests in an education 26 U.S.C. §§ 530(b)(1), 5		ount in a qualified ABLE program, or under a qualified (b)(1).	state tuition program.	
	☑ No		(-),		
		Institution name a	and description. Separately file the records of any interests.	11 U.S.C. § 521(c):	
25.	Trusts, equitable or futi	ure interests in լ	property (other than anything listed in line 1), and rights	or powers exercisable	
	☑ No				
	Yes. Give specific information about the	em			
26.			secrets, and other intellectual property ites, proceeds from royalties and licensing agreements		
	₫ No				
	Yes. Give specific information about the	em			
27.	Licenses, franchises, a	nd other genera	l intangibles		
	Examples: Building perr	mits, exclusive lic	enses, cooperative association holdings, liquor licenses, pro	ofessional licenses	
	☑ No				
	Yes. Give specific information about the	em			
	iniomator about the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Mone	ey or property owed to yo	ou?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to yo	ou			
	☑ No				
	Yes. Give specific info			Federal:	
	them, including valready filed the				
	the tax years			State:	-
				Local:	

29.	Family support Examples: Past due or lump sum alimo settlement	ny, spousal support, child support, maintena	ance, divorce settlement, property	
	☑ No			
	Yes. Give specific information		Alimony:	
			Maintenance:	
			Support:	
			Divorce settlement:	
			Property settlement:	
30.	Other amounts someone owes you			
		urance payments, disability benefits, sick paraid loans you made to someone else	y, vacation pay, workers' compensation,	
	√ No			
	Yes. Give specific information			
				J
31.	Interests in insurance policies Examples: Health, disability, or life insur	rance; health savings account (HSA); credit,	homeowner's, or renter's insurance	
	☑ No			
	Yes. Name the insurance company of each policy and list its value.	Company name:	Beneficiary:	Surrender or refund value:
32.	Any interest in property that is due yo	u from someone who has died		
	If you are the beneficiary of a living trust, property because someone has died.	expect proceeds from a life insurance police	ey, or are currently entitled to receive	
	☐ No			
	✓ Yes. Give specific information	Debtor has 1/3rd of 50% inheritant owned 50% by Sucesion Gloria E. Debtor's deceased mother) at Urb Street, Caguas Puerto Rico; the of owned by the widower Jose L. Villifather); this property consists of 3 and dining room, kitchen and carp suitable for living, the same was a Total estimated value is \$75,000 le	Guzman Hernandez (the Mariolga, ZZ13 San Joaquin ther 50% property interest is afane Aviles (the Debtor's bedrooms, 2 bathrooms, living pot/garage; this property is not bandoned and remains closed.	\$8,438.00
		expenses(@10%)=\$67,500/2/4=\$8, of the Debtor's hereditary interest		
33.	Claims against third parties, whether Examples: Accidents, employment disp	or not you have filed a lawsuit or made a utes, insurance claims, or rights to sue	demand for payment	
	☑ No			
	Yes. Describe each claim			
				1

Debto	VILLAFAÑE GUZMAN, JORGE LUIS Case number (if known)	
34.	Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims	
	☑ No	
	Yes. Describe each claim	
35.	Any financial assets you did not already list	
	☑ No	
	☐ Yes. Give specific information	
36.	Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here	\$8,685.44
Pa	Describe Any Business-Related Property You Own or Have an Interest In. List any re	eal estate in Part 1.
37.	Do you own or have any legal or equitable interest in any business-related property?	
	☑ No. Go to Part 6.	
	☐ Yes. Go to line 38.	
		Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accounts receivable or commissions you already earned	
	☑ No	
	☐ Yes. Describe	
39.	Office equipment, furnishings, and supplies	
	Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices	
	☑ No	
	Yes. Describe	
40.	Machinery, fixtures, equipment, supplies you use in business, and tools of your trade	
	☑ No	

Official Form 106A/B Schedule A/B: Property page 8

Yes. Describe.

☐ Yes. Describe.

41. **Inventory**✓ No

Debto	r VILLAFANE GUZMAN,	, JORGE LUIS		Case number (if known)	
42.	Interests in partnerships	or joint ventures			
	₫ No				
	Yes. Describe				
	Na	ame of entity:		% of ownership:	
	_				
	-				
	_				
43.	Customer lists, mailing lis	sts. or other comr	pilations		
	✓ No	o.e, e. ee.			
		ude nersonally ide	entifiable information (as defined in 11 l	IIS C. 8 101(41A)\ ?	
		due personany idi	entinable information (as defined in 11 c	0.0.0. 9 10 1(+17/)):	
	☐ No				
	Yes. Describe.				
44.	Any business-related pro	perty you did not	already list		
	√ No		•		
	Yes. Give specific				
	information				
	<u> </u>				
	_				
	_				
	_				· -
	_				
45.			rom Part 5, including any entries for pa		\$0.00
Pa	rt 6: Describe An	y Farm- and C	Commercial Fishing-Related Pr	roperty You Own or Have an	Interest In.
	If you own or I	have an interest	t in farmland, list it in Part 1.		
46.	Do you own or have any I	legal or equitable	interest in any farm- or commercial fis	shing-related property?	
	☑ No. Go to Part 7.				
	Yes. Go to line 47.				
					Current value of the
					portion you own?
					Do not deduct secured claims or exemptions.

47.	Farm animals Examples: Livestock, poultry, farm-raised fish	
	☑ No	
	☐ Yes	
48.	Crops—either growing or harvested	
	☑ No	
	Yes. Give specific information	
49.	Farm and fishing equipment, implements, machinery, fixtures, and tools of trade	
	⊴ No	
	☐ Yes	
50.	Farm and fishing supplies, chemicals, and feed	
	☑ No	
	☐ Yes	
51.	Any farm- and commercial fishing-related property you did not already list	
	☑ No	
	Yes. Give specific information	
52.	Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached	
	for Part 6. Write that number here	\$0.00
Pa	rt 7: Describe All Property You Own or Have an Interest in That You Did Not List Above	
53.	Do you have other property of any kind you did not already list?	
	Examples: Season tickets, country club membership	
	☑ No	
	Yes. Give specific information	-
54.	Add the dollar value of all of your entries from Part 7. Write that number here	\$0.00
Pa	rt 8: List the Totals of Each Part of this Form	
55.	Part 1: Total real estate, line 2	\$0.00
56.	Part 2: Total vehicles, line 5 \$9,023.00	
57.	Part 3: Total personal and household items, line 15 \$1,400.00	

Case number (if known)

58.	Part 4: Total financial assets, line 36		\$8,685.44			
59.	Part 5: Total business-related property, line 45	-	\$0.00			
60.	Part 6: Total farm- and fishing-related property, line 52	-	\$0.00			
61.	Part 7: Total other property not listed, line 54	+ .	\$0.00			
62.	Total personal property. Add lines 56 through 61		\$19,108.44	Copy personal property total	+	\$19,108.44
63.	Total of all property on Schedule A/B. Add line 55 + line 62				_	\$19,108.44

Fill in this inform	ation to identify yo	our case:		
Debtor 1	JORGE	LUIS	VILLAFAÑE GUZMAN	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court fo	or the: District of Pue	rto Rico	
Case number				
(if known)				Check if this is a amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

F	Part 1: Id	entify the Property You	ı Claim as Exempt							
1.	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)									
		tion of the property and dule A/B that lists this	Current value of the portion you own Copy the value from Schedule A/B		nount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption				
	Brief description: Line from Schedule A/B	2018 Toyota Yaris VIN: 3MYDLBYV9JY302769 3.1	\$9,023.00	<u>a</u>	\$4,450.00 100% of fair market value, up to any applicable statutory limit \$4,573.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2) 11 U.S.C. § 522(d)(5)				
3.										

VILLAFAÑE GUZMAN Case number (if known) _ **JORGE** LUIS

First Name Middle Name Last Name

Part 2: Add	litional Page				
	on of the property and ule A/B that lists this	Current value of the portion you own Copy the value from Schedule A/B		nount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
Brief description:	One (1) Laptop Apple Mackbook	\$450.00	⊴	\$450.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:				100% of fair market value, up to any applicable statutory limit	
Brief description:	One (1) Iphone 13 Pro Max	\$500.00	⊴	\$500.00	44 11 9 0 9 522/4/(2)
Line from Schedule A/B:	7			100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description:	Clothing and personal effects	\$400.00	4	\$400.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	11			100% of fair market value, up to any applicable statutory limit	6.6.6. 3 022(4)(6)
Brief description:	Jewelry	\$50.00	√	\$50.00	11 U.S.C. § 522(d)(4)
Line from Schedule A/B:	12			100% of fair market value, up to any applicable statutory limit	6.6.6. 3 622(4)(1)
Brief description:	Cash on hand	\$45.00	√	\$45.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	16			100% of fair market value, up to any applicable statutory limit	
Brief description:	First Bank Checking account	\$20.00			
	Acct. No.: X8505		⊴	\$20.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit	
Brief description:	First Bank (Joint account with Debtor father) Checking account	\$1.00			
	Acct. No.: X0383			\$1.00	11 U.S.C. § 522(d)(5)

☐ 100% of fair market value, up to

any applicable statutory limit

Line from

Schedule A/B:

17

JORGE LUIS VILLAFAÑE GUZMAN Case number (if known)

First Name Middle Name Last Name

Part 2: Add	ditional Page					
	ion of the property and ule A/B that lists this	Current value of the portion you own Copy the value from Schedule A/B		nount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption	
Brief description:	First Bank (d/b/a Jose L. Villafane Guzman) Checking account Acct. No.: X4668	\$4.44	S	\$4.44	11 U.S.C. § 522(d)(5)	
Line from Schedule A/B:	17		Ц	100% of fair market value, up to any applicable statutory limit	_	
Brief description:	Banco Popular de PR Checking account	\$177.00				
	Acct. No.: X1908		\checkmark	\$177.00	11 U.S.C. § 522(d)(5)	
Line from Schedule A/B:	17			100% of fair market value, up to any applicable statutory limit		

JORGE LUIS VILLAFAÑE GUZMAN

N Case number (if known).

First Name

Middle Name

Last Name

Part 2: Additional Page Brief description of the property and Current value of the Specific laws that allow exemption Amount of the exemption you claim line on Schedule A/B that lists this portion you own Check only one box for each exemption. property Copy the value from Schedule A/B Brief Debtor has 1/3rd of \$8,438.00 description: 50% inheritance interest in a real property owned 50% by Sucesion Gloria E. Guzman Hernandez (the Debtor's deceased mother) at Urb Mariolga, ZZ13 San Joaquin Street, **Caguas Puerto** Rico; the other 50% property interest is owned by the widower Jose L. Villafane Aviles (the Debtor's father); this property consists of 3 bedrooms, 2 bathrooms, living and dining room, kitchen and carpot/garage; this property is not suitable for living, the same was abandoned and remains closed. **Total estimated** value is \$75,000 less \$7,500 for liquidation expenses(@10%)=\$67,500/2 /4=\$8,438 which is the estimated value of the Debtor's hereditary

11 U.S.C. § 522(d)(5)

Line from Schedule A/B:

interest in this real

property.

 $\sqrt{}$

\$8,438.00

100% of fair market value, up to

any applicable statutory limit

Fill in this inform	ation to identify yo	our case:		
Debtor 1	JORGE	LUIS	VILLAFAÑE GUZMAN	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court f	or the: District of Pue	erto Rico	
Case number (i	f			
known)				Check if this is a amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - Mo. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

Fill in this info	ormation to identify yo	ur case:								
Debtor 1	JORGE	LUIS	VILLA	FAÑE GUZMA	N					
	First Name	Middle Nam								
Debtor 2										
(Spouse, if filing	ng) First Name	Middle Nam	e Last Na	ıme						
United State	s Bankruptcy Court fo	or the: District of	Puerto Rico							
		_	· donto itioo	_						
Case number (if known)	er								☐ Check if	this is an
(II KIIOWII)									amende	
Official Fo	orm 106E/F									
Sched	ule E/F: C	reditors	Who Ha	ave Uns	ecu	red	Cla	ims		12/15
Form 106A/B) claims that ar	any executory cont and on Schedule G e listed in Schedule ntries in the boxes o own).	: Executory Cont D: Creditors Wh n the left. Attach	racts and Unexploon Have Claims Se the Continuation	red Leases (Officecured by Proper	cial Forr ty. If mo	n 1060 re spa	6). Do not	t include any cr eded, copy the F	editors with pa Part you need, f	rtially secured
1 Do any	oroditors have priori	ty uncoured ala	ime against you?	•						
	creditors have priori Go to Part 2.	ty unsecured cia	iinis against you?							
claim list amounts fill out th	of your priority unse ted, identify what type a. As much as possible e Continuation Page	of claim it is. If a ce, list the claims in pf Part 1. If more t	claim has both pric alphabetical order han one creditor h	ority and nonprioring according to the olds a particular of	y amour creditor's laim, list	nts, list s name the otl	that claim e. If you ha ner credito	n here and show ave more than tw	both priority and	I nonpriority
(For an e	explanation of each ty	pe of claim, see th	ne instructions for t	his form in the ins	truction	bookle	t.)			
								Total claim	Priority amount	Nonpriority amount
2.1 Intern	al Revenue Servic	es L	ast 4 digits of ac	count number	1 6	2	9	\$1,392.00	\$1,392.00	\$0.00
•	Creditor's Name ox 21126 Street	v	Vhen was the deb	t incurred?			<u> </u>			
		A	s of the date you	file, the claim is	: Check	all that	apply.			
Philac	lelphia, PA 19114-		Contingent							
City	State		Unliquidated							
Who in	curred the debt? Ch	eck one.	Disputed							
₫ Deb	tor 1 only	Т	ype of PRIORITY	unsecured clain	ı:					
	otor 2 only		Domestic suppo							
	tor 1 and Debtor 2 or	-	Taxes and certa	•		-				
	east one of the debtor	- · · · · · · · · · · · · · · · · · · ·	Claims for deatl	n or personal injur	y while y	ou we	re intoxica	ated		
	eck if this claim is fo nmunity debt	ra L	Other. Specify							
Is the c	laim subject to offse	et?								

☐ Yes

Remarks: Tax Period 2023

Debto	r 1	JORGE	LUIS	VILLAFAÑE GUZMAN	Case nu	mber	(if kno	own)					
		First Name	Middle Name	Last Name	_								
		1											
Pa	rt 2:	List All of You	ır NONPRIORITY Un	secured Claims									
3.	Do any o	creditors have no	npriority unsecured cla	aims against you?									
	☐ No. \	ou have nothing to	o report in this part. Subr	mit this form to the court with your c	ther sched	ules.							
	√ Yes												
4.	List all c	of your nonpriority	y unsecured claims in	the alphabetical order of the cred	litor who h	olds e	each	claiı	n. If a	creditor h	nas more tha	n one	
				tely for each claim. For each claim									
			than one creditor holds a tion Page of Part 2.	particular claim, list the other credi	tors in Part	3.If yo	ou ha	ve m	ore tr	nan three r	nonpriority ui	nsecured	
	olali ilo ili	rout the continuat	ion rago or rait 2.										
												Total claim	
4.1	Banco	Popular de Pu	erto Rico	Last 4 digits of accoun	t number	5	6	8	7	•		\$16,188.00	
	Nonprior	rity Creditor's Name	е	When we the debt in			CIA	/00	20				
	РО Во	x 362708		When was the debt inc	urreur		0/1	/20	22	_			
	Number	Street											
				As of the date you file,	the claim i	s: Ch	eck a	all tha	at app	ly.			
	San Ju	ıan, PR 00936-2	2708	Contingent									
	City			Code	Unliquidated								
	Mha inc	curred the debt? (Chook one	☐ Disputed									
			Check one.	Type of NONPRIORITY	Type of NONPRIORITY unsecured claim: Student loans								
		tor 1 only tor 2 only		☐ Student loans									
	_	tor 1 and Debtor 2	only	Obligations arising o	☐ Obligations arising out of a separation agreement or divorce that you did not report as								
		ast one of the deb	,	priority claims									
			for a community debt	☐ Debts to pension or p ☐ Other. Specify Cre							S		
				Other. Specily Cre	aitCara/C	IVII N	0. C	GZU	240	VU2963			
		aim subject to of	tset?										
	☑ No												
	☐ Yes												
4.2	Banco	Popular de Pu	erto Rico	Last 4 digits of accoun	t number	0	6	2	7			\$14,811.00	
	Nonprior	rity Creditor's Name	е										
	РО Во	x 362708		When was the debt inc	urred?		5/1	/20	22	_			
	Number	Street											
				As of the date you file,	the claim i	s: Ch	eck a	all tha	at app	ly.			
	San Jı	ıan, PR 00936-2	708	☐ Contingent									
	City	•		Code Unliquidated									
	•		Oh I	☐ Disputed									
	_	curred the debt?	Check one.	Type of NONPRIORITY	unsecured	d clain	n:						
		tor 1 only		☐ Student loans									
		tor 2 only tor 1 and Debtor 2	only	Obligations arising o	ut of a sepa	aration	agre	eme	nt or	divorce tha	at you did no	t report as	
		ast one of the deb	•	priority claims								•	
			for a community debt	Debts to pension or							S		
			•	✓ Other. Specify Cre	aitCard/C	ivii N	o. C	G20	24C\	v02963			
		aim subject to of	tset?										
	✓ No												

JORGE LUIS VILLAFAÑE GUZMAN Case number (if known)

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims —	Continuation Page
After listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so forth.
Attn: Centralized Bankruptcy PO Box 790040 Number Street St Louis, MO 63179-0040 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number 1 6 2 9 \$3,000.00 When was the debt incurred? 2013 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Credit Card
4.4 Costco Citi Card Nonpriority Creditor's Name Attn: Bankruptcy PO Box 6500 Number Street Sioux Falls, SD 57117 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number 6 0 4 8 \$4,889.00 When was the debt incurred? 12/1/2021 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard

JORGE LUIS VILLAFAÑE GUZMAN Case number (if known)

First Name Middle Name Last Name

Pa	rt 2: Your NONPRIORITY Unsecured Claims —	- Continuation Page					
After	listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so forth.	Total claim				
4.5	Midland Credit Mgmt Nonpriority Creditor's Name	Last 4 digits of account number 8 6 4 6	\$5,144.00				
	Attn: Bankruptcy	When was the debt incurred? 3/1/2024					
	PO Box 939069 Number Street San Diego, CA 92193 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Yes	As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report a priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Personal Loan					
4.6	Synchrony Bank/Sams Club Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Number Street Orlando, FL 32896 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Last 4 digits of account number 5 0 0 9 When was the debt incurred? As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not priority claims □ Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify CreditCard	\$6,807.00 t report as				
	☑ No □ Yes						

Debtor 1	JORGE	LUIS	VILLAFAÑE GUZMAN	Case number (if known)
	First Name	Middle Name	Last Name	

	Part 3:	List Others to Be	Notified	About a Debt T	That You Already Listed	
5.	collection agency h	n agency is trying to ere. Similarly, if you l	collect fro	m you for a debt y than one credito	ou owe to someone else, lis	that you already listed in Parts 1 or 2. For example, if a st the original creditor in Parts 1 or 2, then list the collection u listed in Parts 1 or 2, list the additional creditors here. If fill out or submit this page.
1.	Martinez	z & Torres Law Offi	ces PSC		On which entry in Part 1 or	Part 2 did you list the original creditor?
	Name Carla M.	. Nevarez Perez, Es	sq p		Line 4.1 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	PO Box Number	192938 Street			Last 4 digits of account nu	mber
	San Jua	n, PR 00919-2938				
	City	St	ate	ZIP Code		
2.	Martinez	z & Torres Law Offi	ces PSC		On which entry in Part 1 or	Part 2 did you list the original creditor?
	Name				Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
	Carla M.	Nevarez Perez, Es	q		Line or (Check one):	☑ Part 2: Creditors with Nonpriority Unsecured Claims
	РО Вох	192938			Last 4 digits of account nu	mber
	Number	Street				
	San Jua	n, PR 00919-2938				
	City	St	ate	ZIP Code		

JORGE LUIS VILLAFAÑE GUZMAN

Case number (if known)

First Name

Middle Name

Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

					Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.		\$0.00
nomi art i	6b.	Taxes and certain other debts you owe the government	6b.		\$1,392.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.		\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	+	\$0.00
	6e.	Total. Add lines 6a through 6d.	6e.		\$1,392.00
					Total claim
Total claims from Part 2	6f.	Student loans	6f.		\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.		\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.		\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+	\$50,839.00
	6j.	Total. Add lines 6f through 6i.	6j.		\$50,839.00

Fill in this information	n to identify your case				
Debtor 1	JORGE	LUIS	VILLAFAÑE GUZMAN		
	First Name	Middle Name	Last Name	_	
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States Bankruptcy Court for the:			District of Puerto Rico		
Case number					Check if this is a
(if known)					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☑ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or o	company with whom y	you ha	ve the contract or lease	State what the contract or lease is for			
2.1								
	Name							
	Number	Street						
	City	5	State	ZIP Code				
2.2								
	Name							
	Number	Street						
	City	5	State	ZIP Code				
2.3								
	Name							
	Number	Street						
	City	5	State	ZIP Code				
2.4								
	Name							
	Number	Street						
	City	5	State	ZIP Code				

Fill in	this inform	nation to identify yo	our case:			
Deb	tor 1	JORGE	LUIS	VILLAFAÑE GUZMAN		
		First Name	Middle Name	Last Name		
Deb		F: AN				
		First Name	Middle Name	Last Name		
Unit	ed States I	Bankruptcy Court f	or the: District of Pu	erto Rico		
	e number				☐ Check if this is	ie an
(IT KN	own)				amended filing	
Offic	ial For	m 106H				
Scl	nedu	le H: Yo	ur Codebto	ors		12/15
filing t	ogether, b tries in th	ooth are equally r	esponsible for supplyi	ng correct information. If more sp	omplete and accurate as possible. If two married peo lace is needed, copy the Additional Page, fill it out, an f any Additional Pages, write your name and case nun	nd number
1.	Do you h ☑ No ☐ Yes	ave any codebto	rs? (If you are filing a jo	int case, do not list either spouse as	a codebtor.)	
2.	California No. G	, Idaho, Louisiana o to line 3.	, Nevada, New Mexico,	nunity property state or territory? Puerto Rico, Texas, Washington, and quivalent live with you at the time?	(Community property states and territories include Arizond Wisconsin.)	na,
	□ N	0				
	√ Ye	es. In which comm	unity state or territory di	d you live? Puerto Rico	Fill in the name and current address of that perso	on.
		ARROYO FLOR	ES, MARITZA			
	N	ame of your spous	se, former spouse, or leg	gal equivalent		
	_	umber	Street			
		B NAIN STREET				
	_	treet 2				
	,	Aibonito, PR 00	705			
	d	ity	State	ZIP Code		
3.	2 again a	s a codebtor only	y if that person is a gua	arantor or cosigner. Make sure you	if your spouse is filing with you. List the person show u have listed the creditor on <i>Schedule D</i> (Official Forr edule D, Schedule E/F, or Schedule G to fill out Colun	m 106D),
	Column 1	: Your codebtor			Column 2: The creditor to whom you owe the deb	bt
					Check all schedules that apply:	
3.1						
	Name				☐ Schedule D, line	
			<u> </u>		Schedule E/F, line	
	Number		Street		☐ Schedule G, line	
	City		State	ZIP Code	 e	
3.2						
	Name				Schedule D, line	
	Number		Street		Schedule E/F, line	
	MUTTINET		Jueer		☐ Schedule G, line	

ZIP Code

State

City

Fil	I in this information to	identify your ca	se:				
D	ebtor 1	JORGE	LUIS VIL	LAFAÑE GUZMA	N .		
		First Name	Middle Name Last	Name			
	ebtor 2						
(5	Spouse, if filing)	First Name	Middle Name Last	Name		Check if this is:	
U	Inited States Bankrup	otcy Court for the	: District	of Puerto Rico		An amended filing	
C	ase number					A supplement show	wing postpetition as of the following date
_	f known)						
						MM / DD / YYYY	_
\bigcirc 1	fficial Form	1061					
S	<u>chedule I:</u>	Your Inc	come				12/15
spo add	use is not filing with litional pages, write your art 1: Describe E	n you, do not incl your name and c mployment	illing jointly, and your spour lude information about you case number (if known). An	r spouse. If more sp	pace is needed, attach		
1.	Fill in your employ information.	ment		Debtor 1		Debtor 2 or non	-filing spouse
	If you have more th		Employment status	☑ Employed □ N	ot Employed	☐ Employed ☑ Not	Employed
	attach a separate prinformation about a		Occupation	Driver			
	employers.		o o o a parion	511761			
	Include part time, s	easonal, or	Employer's name	<u>Uber</u>			
	self-employed work	ί.	Employer's address	1455 Market Str	·eet		
	Occupation may incor homemaker, if it	clude student		Number Street	001	Number Street	
				Con Francisco	CA 04402		
				San Francisco, City	State Zip Code	City	State Zip Code
			How long employed there?	5 years			_
Pa	art 2: Give Detai	Is About Mont	hly Income				
	unless you are sep	arated.	e date you file this form. If you				
	more space, attach	a separate shee	et to this form.				
					For Debtor 1	For Debtor 2 or non-filing spouse	
2.			and commissions (before a culate what the monthly wag		\$0.00	\$0.00	
3.	Estimate and list n	nonthly overtime	е рау.	3.	+\$0.00	+\$0.00	
4.	Calculate gross in	come. Add line 2	+ line 3.	4.	\$0.00	\$0.00	
	-					1 1	

JORGE LUIS VILLAFAÑE GUZMAN

Case number (if known) -First Name Middle Name Last Name

			For Debtor 1		Debtor 2 or -filing spouse	
	Copy line 4 here→	4.	\$0.00	_	\$0.00	
5.	List all payroll deductions:					
	5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00		\$0.00	
	5b. Mandatory contributions for retirement plans	5b.	\$0.00	_	\$0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$0.00		\$0.00	
	5d. Required repayments of retirement fund loans	5d.	\$0.00		\$0.00	
	5e. Insurance	5e.	\$0.00		\$0.00	
	5f. Domestic support obligations	5f.	\$0.00		\$0.00	
	5g. Union dues	5g.	\$0.00		\$0.00	
	5h. Other deductions. Specify:	5h.	+ \$0.00	+	\$0.00	
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$0.00		\$0.00	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00		\$0.00	
8.	List all other income regularly received:				, , , , , , , , , , , , , , , , , , , 	
	8a. Net income from rental property and from operating a business, profession, or farm					
	Attach a statement for each property and business showing gross					
	receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00		\$0.00	
	8b. Interest and dividends	8b.	\$0.00		\$0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	ob.			Ψ0.00	
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00		\$0.00	
		8d.	\$0.00		\$0.00	
	8d. Unemployment compensation		\$0.00		\$0.00	
	8e. Social Security 8f. Other government assistance that you regularly receive	8e.	φυ.υυ	_	φυ.υυ	
	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
	Specify:	8f.	\$0.00		\$0.00	
	8g. Pension or retirement income	8g.	\$0.00		\$0.00	
	8h. Other monthly income. Specify: UBER/Professional- Services Income	8h.	+ \$2,544.51	+_	\$0.00	
_		•	\$0.544.54	1 [\$0.00	
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$2,544.51] L_	\$0.00	
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$2,544.51	+	\$0.00	= \$2,544.51
11.	State all other regular contributions to the expenses that you list in Scheo	lule J.				
	Include contributions from an unmarried partner, members of your household friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that a		, ,,	•		
	Specify:				11	+ \$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The amount on the Summary of Your Assets and Liabilities and Certain Statistical		,	income.		\$2,544.51
	,					Combined
13.	Do you expect an increase or decrease within the year after you file this fo	orm?				monthly income
	✓ No.					
	Yes. Explain:					

Fill	in this information	to identify your cas	e:						
l D	ebtor 1	JORGE	LUIS	VILLAFA	ÑE GUZMAN				
		First Name	Middle Name	Last Name		Check if this is:			
l D	ebtor 2				l .	An amended	•		
(S	Spouse, if filing)	First Name	Middle Name	Last Name		A supplemer expenses as		ostpetition chapter 1	3
	nited States Bankrı	uptcy Court for the:	ļ	District of Pue	erto Rico	скропаса аа	or the follow	wing date.	
		upicy Court for the.		21011101 01 1 4		MM / DD / YY	YY		
_	ase number known)								
Of	ficial Form	106J							
Sc	chedule J	: Your Ex	penses						12/15
					ogether, both are equally res				
spa	ce is needed, attac	h another sheet to	this form. On the t	op of any addit	tional pages, write your name	and case num	ber (if know	n). Answer every qu	estion.
Pa	rt 1: Describe	Your Household							
1	Is this a joint cas	02							
١.	_								
	No. Go to line								
		otor 2 live in a sepa	rate household?						
	□ _{No}	5 1 .							
			Official Form 106J-2	2, Expenses for	Separate Household of Debto	or 2.			
2.	Do you have dep		□No			_			
	Do not list Debtor Debtor 2.	1 and	Yes. Fill out thi		Dependent's relationship to Debtor 1 or Debtor 2	o Depen age	dent's	Does dependent liv with you?	е
	Do not state the c	lenendents'	for each deper	ndent				_	
	names.	юрениента			Daughter	10		✓ No. ☐ Yes.	
								☐ No. ☐ Yes.	
								DNa DVaa	
					-			☑ No. ☑ Yes.	
								☐ No. ☐ Yes.	
								☐ No. ☐ Yes.	
			√No						
3.	Do your expense expenses of peop		¥INO □ _{Yes}						
	yourself and you		☐ Yes						
Pa	rt 2: Estimate	Your Ongoing M	ionthly Expense	es:					
Es	timate vour expen	ses as of your ban	kruptcy filing date	unless vou are	using this form as a supplen	nent in a Chapte	er 13 case to	o report expenses a	s of a
					eck the box at the top of the f				
			h govornment see	istance if you k	now the value of		v		
Inc	lude expenses na	id for with non-cas							
	clude expenses pa ch assistance and	id for with non-cas have included it oi					Your e	expenses	
su	ch assistance and	have included it or	n Schedule I: Your	Income (Officia		ny rent	Your e	expenses	
su	ch assistance and	have included it or ne ownership expe	n Schedule I: Your	Income (Officia	al Form 106l.)	ny rent 4.	Your 6	\$0.00	
su	ch assistance and The rental or hon	have included it on ne ownership expe lot.	n Schedule I: Your	Income (Officia	al Form 106l.)	•	Your e		
su	ch assistance and The rental or hon for the ground or	have included it on ne ownership expe lot. line 4:	n Schedule I: Your	Income (Officia	al Form 106l.)	•	Your		
su	The rental or hon for the ground or If not included in 4a. Real estate t	have included it on ne ownership expe lot. line 4:	n Schedule I: Your	Income (Officia	al Form 106l.)	4.	Your	\$0.00	

4c.

4d.

\$0.00

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

Debtor 1

JORGE LUIS **VILLAFAÑE GUZMAN**

Case number (if known) Middle Name First Name Last Name

		1	Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$138.72
	6b. Water, sewer, garbage collection	6b.	\$39.84
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$252.00
	6d. Other. Specify:	6d.	\$0.00
	Food and housekeeping supplies	7.	\$350.95
3.	Childcare and children's education costs	8.	\$0.00
).	Clothing, laundry, and dry cleaning	9.	\$40.00
0.	Personal care products and services	10.	\$55.00
1.	Medical and dental expenses	11.	\$110.00
2.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$620.00
3.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$35.00
14.	Charitable contributions and religious donations	14.	\$0.00
15.	Insurance.	14.	
15.	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$0.00
	15b. Health insurance	15b.	\$165.00
	15c. Vehicle insurance	15c.	\$0.00
	15d. Other insurance. Specify: Triple S Vida	15d.	\$72.00
6.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
	Specify: 1040PR	16.	\$116.00
7.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$0.00
	17b. Car payments for Vehicle 2	17b.	\$0.00
	17c. Other. Specify:	17c.	\$0.00
	17d. Other. Specify:	17d.	\$0.00
8.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$375.00
19.	Other payments you make to support others who do not live with you.		
	Specify:	19.	\$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a.	\$0.00
	20b. Real estate taxes	20b.	\$0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
	20e. Homeowner's association or condominium dues	20e.	\$0.00

Deb	tor 1	JORGE	LUIS	VILLAFAÑE GUZMAN	Case number (if known)
		First Name	Middle Name	Last Name	,	
21.	Other. Spe	cify:			21. +	\$0.00
22.	Calculate y	your monthly exp	enses.			
	22a. Add li	nes 4 through 21.			22a	\$2,369.51
	22b. Copy	line 22 (monthly e	expenses for Debtor 2),	if any, from Official Form 106J-2	22b.	\$0.00
	22c. Add lii	ne 22a and 22b. T	The result is your month	ly expenses.	22c	\$2,369.51
23.	Calculate y	your monthly net	income.			
	23а. Сору	line 12 (your com	bined monthly income)	rom Schedule I.	23a. <u> </u>	\$2,544.51
	23b. Copy	your monthly expe	enses from line 22c abo	ve.	23b. _	\$2,369.51
	23c. Subtra	act your monthly e	expenses from your mor	thly income.		
	The re	esult is your <i>mont</i>	thly net income.		23c	\$175.00
24.	Do you ex	pect an increase	or decrease in your exp	penses within the year after you file thi	is form?	
				car loan within the year or do you expe		
	√ No.	None				
	Yes.					

Fill in this informatio	n to identify your case			
Debtor 1	JORGE	LUIS	VILLAFAÑE GUZMAN	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bank	ruptcy Court for the:		District of Puerto Rico	
Case number				
(if known)				

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

new Summary and check the box at the top of this page.	
Part 1: Summarize Your Assets	
	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00 \$19,108.44 \$19,108.44
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$0.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$1,392.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$50,839.00
Part 3: Summarize Your Income and Expenses	\$52,231.00
4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$2,544.51
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$2,369.51

Debtor 1 **JORGE LUIS VILLAFAÑE GUZMAN** Case number (if known). First Name Middle Name Last Name Answer These Questions for Administrative and Statistical Records Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. **✓** Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$2,544.51 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: **Total claim** From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$1,392.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9e.Obligations arising out of a separation agreement or divorce that you did not report as priority

9d. Student loans. (Copy line 6f.)

claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$0.00

\$0.00

\$0.00

\$1,392.00

Fill in this information	n to identify your case			
Debtor 1	JORGE	LUIS	VILLAFAÑE GUZMAN	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankı	ruptcy Court for the:		District of Puerto Rico	
Case number (if known)				

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an attorne	y to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have read the summ // /s/ JORGE LUIS VILLAFAÑE GUZMAN JORGE LUIS VILLAFAÑE GUZMAN, Debtor 1 Date 12/04/2024	ary and schedules filed with this declaration and that they are true and correct.
MM/ DD/ YYYY	

Debtor 1	JORGE	LUIS	VILLAFAÑE GUZMAN			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ban	kruptcy Court for the	e:	District of Puerto Rico			
Case number (if known)					Check if this is an amended filing	
Official Forn	า 107					
Statemen	t of Finan	cial Affair	s for Individuals	Filing for F	ankruptov	04/22

space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

rital status?				
have you lived anywher	e other than where you li	ive now?		
ces you lived in the last 3	3 years. Do not include w	here you live now.		
	Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
		☐ Same as Debtor 1		☐ Same as Debtor 1
	- From To	Number Street		From To
State ZIP Code	-	City	State ZIP Code	_
		☐ Same as Debtor 1		☐ Same as Debtor 1
	- From To	Number Street		From To
State ZIP Code	-	City	State ZIP Code	_
did you ever live with a s California, Idaho, Louisia	spouse or legal equivaler na, Nevada, New Mexico	nt in a community propert o, Puerto Rico, Texas, Was	ry state or territory?(Com hington, and Wisconsin.)	munity property states and
	State ZIP Code State ZIP Code	have you lived anywhere other than where you lived in the last 3 years. Do not include w Dates Debtor 1 lived there From To State ZIP Code State ZIP Code did you ever live with a spouse or legal equivalents.	have you lived anywhere other than where you live now? Comparison of the last 3 years. Do not include where you live now.	ces you lived in the last 3 years. Do not include where you live now. Dates Debtor 1 lived there Debtor 2: Same as Debtor 1

you are filing a joint case and you have inc	ed from all jobs and all busin come that you receive togeth			
☐ No				
✓ Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income	Gross Income	Sources of income	Gross Income
	Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	✓ Wages, commissions, bonuses, tips	\$30,389.76	☐ Wages, commissions bonuses, tips	,
auto you mou for build uptoy.	Operating a business		Operating a business	
For last calendar year:	✓ Wages, commissions, bonuses, tips	\$20,640.00	☐ Wages, commissions bonuses, tips	,
(January 1 to December 31, 2023 YYYY	Operating a business		Operating a business	
For the calendar year before that:	✓ Wages, commissions,	\$16,569.00	☐ Wages, commissions	1
Did you receive any other income during	come is taxable. Examples	us calendar years? of other income are alimony		
Did you receive any other income during clude income regardless of whether that in blic benefit payments; pensions; rental income a joint case and you have income that y	Operating a business I this year or the two previous come is taxable. Examples come; interest; dividends; more than the come; interest; dividends; div	us calendar years? of other income are alimonyoney collected from lawsuits	Operating a business y; child support; Social Sec	
Did you receive any other income during clude income regardless of whether that in blic benefit payments; pensions; rental income a joint case and you have income that you have income that you have income that you have	Operating a business I this year or the two previous come is taxable. Examples come; interest; dividends; more than the come; interest; dividends; div	us calendar years? of other income are alimonyoney collected from lawsuits	Operating a business y; child support; Social Sec	
Did you receive any other income during slude income regardless of whether that in blic benefit payments; pensions; rental income a joint case and you have income that you have	Operating a business I this year or the two previous come is taxable. Examples come; interest; dividends; more than the come; interest; dividends; div	us calendar years? of other income are alimonyoney collected from lawsuits	Operating a business y; child support; Social Sec	
Did you receive any other income during clude income regardless of whether that in blic benefit payments; pensions; rental income a joint case and you have income that you how	Operating a business If this year or the two previous come is taxable. Examples come; interest; dividends; mayou received together, list it of the provious come. Debtor 1 Sources of income	us calendar years? of other income are alimony oney collected from lawsuits only once under Debtor 1. Gross income from	Operating a business y; child support; Social Sec s; royalties; and gambling a Debtor 2 Sources of income	Gross Income from
Did you receive any other income during clude income regardless of whether that in blic benefit payments; pensions; rental income a joint case and you have income that you how	Operating a business If this year or the two previous come is taxable. Examples come; interest; dividends; moyou received together, list it is to be provided to the complex of the compl	us calendar years? of other income are alimonyoney collected from lawsuits only once under Debtor 1.	Operating a business y; child support; Social Sec s; royalties; and gambling a	Gross Income from each source
Pid you receive any other income during lude income regardless of whether that in plic benefit payments; pensions; rental income a joint case and you have income that you have i	Operating a business If this year or the two previous come is taxable. Examples come; interest; dividends; mayou received together, list it of the provious come. Debtor 1 Sources of income	us calendar years? of other income are alimony oney collected from lawsuits only once under Debtor 1. Gross income from each source (before deductions and	Operating a business y; child support; Social Sec s; royalties; and gambling a Debtor 2 Sources of income	Gross Income from each source (before deductions and
Pid you receive any other income during clude income regardless of whether that in polic benefit payments; pensions; rental income a joint case and you have income that you have income that you have. Fill in the details.	Operating a business If this year or the two previous come is taxable. Examples come; interest; dividends; mayou received together, list it of the provious come. Debtor 1 Sources of income	us calendar years? of other income are alimony oney collected from lawsuits only once under Debtor 1. Gross income from each source (before deductions and	Operating a business y; child support; Social Sec s; royalties; and gambling a Debtor 2 Sources of income	Gross Income from each source (before deductions and
Did you receive any other income during lude income regardless of whether that in polic benefit payments; pensions; rental income a joint case and you have income that you have income that you have. The late you filed for bankruptcy: For last calendar year:	Operating a business If this year or the two previous come is taxable. Examples come; interest; dividends; mayou received together, list it of the provious come. Debtor 1 Sources of income	us calendar years? of other income are alimony oney collected from lawsuits only once under Debtor 1. Gross income from each source (before deductions and	Operating a business y; child support; Social Sec s; royalties; and gambling a Debtor 2 Sources of income	Gross Income from each source (before deductions and
Did you receive any other income during clude income regardless of whether that in ablic benefit payments; pensions; rental income a joint case and you have income that you have	Operating a business If this year or the two previous come is taxable. Examples come; interest; dividends; mayou received together, list it of the provious come. Debtor 1 Sources of income	us calendar years? of other income are alimony oney collected from lawsuits only once under Debtor 1. Gross income from each source (before deductions and	Operating a business y; child support; Social Sec s; royalties; and gambling a Debtor 2 Sources of income	Gross Income from each source (before deductions and

VILLAFAÑE GUZMAN

Last Name

Case number (if known) _

JORGE

First Name

LUIS

Middle Name

Debtor 1

Debtor 1	JORG	E LUI	S	VILLAFA	ÑE GUZMAN	Case	number (if i	known)
	First Nar	ne Midd	lle Name	Last Name		_	,	,
Part 3: L	ist Certain	Payments You	u Made Be	fore You Filed	for Bankruptcy			
6. Are eith	er Debtor 1's	or Debtor 2's del	bts primarily	consumer debts	?			
☐ No.		ebtor 1 nor Debtor al primarily for a p				ts are defined in 11 U.	.S.C. § 101(8) as "incurred by
	During the	90 days before yo	ou filed for ba	ankruptcy, did you	u pay any creditor a	total of \$7,575* or mor	re?	
	☐ No. Go	to line 7.						
	ţ		Do not includ	le payments for d	domestic support obl	e in one or more paym igations, such as child		
	* Subject to	o adjustment on 4	/01/25 and e	very 3 years afte	r that for cases filed	on or after the date of	adjustment	
√ Yes.	Debtor 1 o	r Debtor 2 or both	h have nrima	rily consumer d	ahte			
42 100.			-	-		total of \$600 or more?		
	✓ No. Go			, ,,		•		
			oditor to who	m you paid a tot	al of \$600 or more a	nd the total amount yo	u paid that	creditor. Do not
	i		for domestic	support obligation		pport and alimony. Als		
				Dates of payment	Total amount pa	id Amount you	still owe	Was this payment for
					- <u></u>			Mortgage
	Creditor's Nan	ne						Car
	Number St	treet	·		-			Credit card
	Number 5	ireet						Loan repayment
					-			☐ Suppliers or vendors
	Oit.	04-4-	ZIP Code					☐ Other
	City	State	ZIP Code					
Insiders ind you are an operate as ✓ No	clude your re o officer, direc s a sole propr	elatives; any gene ctor, person in cor rietor. 11 U.S.C. §	ral partners; htrol, or owne 101. Include	relatives of any g r of 20% or more	eneral partners; par of their voting secu		ı are a gene ng agent, ir	ral partner; corporations of which
☐ Yes. I	List all payme	ents to an insider.						
				ites of yment	Total amount paid	Amount you still owe	Reason	for this payment
Insider's N	Name							
Number	Street							
				_				
City		State ZIP Co	ode					

				NÑE GUZMAN	Case	e number (if know	71)
	First Name	Middle Na	me Last Name		_	(- 7
			tcy, did you make any բ signed by an insider.	payments or transfer	any property on acc	ount of a debt th	nat benefited an insider
✓No							
— □Yes. List a	II payments that	benefited an i	nsider.				
	payoo u.a.		Dates of	Total amount paid	Amount you still	Peason for t	his payment
			payment	rotal amount paid	owe	Include credit	
Insider's Name							
Number Str	eet		_				
			_				
City	State	ZIP Code					
st all such ma	tters, including p	ed for bankrup personal injury	tcy, were you a party in cases, small claims act	any lawsuit, court a tions, divorces, collec	ction, or administrati	ve proceeding? ctions, support o	r custody modifications,
Within 1 yearst all such maentract dispute	tters, including p	d for bankrup personal injury	tcy, were you a party in cases, small claims act	any lawsuit, court a tions, divorces, collec	ction, or administrati tion suits, paternity ad	ve proceeding? ctions, support o	r custody modifications,
st all such ma entract dispute	tters, including pes.	d for bankrup personal injury	tcy, were you a party in cases, small claims act	any lawsuit, court a tions, divorces, collec	ction, or administrati tion suits, paternity ad	ve proceeding? ctions, support o	r custody modifications,
st all such ma ontract dispute	tters, including pes.	oersonal injury	tcy, were you a party in cases, small claims act	tions, divorces, collec	ction, or administrati tion suits, paternity ad art or agency	ve proceeding? ctions, support o	r custody modifications, Status of the case
st all such ma ontract dispute	tters, including pes. the details.	oersonal injury	cases, small claims act	tions, divorces, collections	tion suits, paternity ad	ctions, support o	Status of the case
st all such ma ontract dispute \(\sum \text{No} \) \(\sum \frac{1}{2} \text{Yes. Fill in} \)	tters, including pas. the details. Banco Popu Puerto Rico	oersonal injury ular de v. Jorge	cases, small claims act	Cou	tion suits, paternity a	ctions, support o	Status of the case
st all such ma ontract dispute \(\sum \text{No} \) \(\sum \frac{1}{2} \text{Yes. Fill in} \)	tters, including pes. the details. Banco Popu	oersonal injury ular de v. Jorge	cases, small claims act	Court	irt or agency t Instance Court of Name	ctions, support o	Status of the case
st all such ma ontract dispute No Yes. Fill in Case title	tters, including pes. the details. Banco Popu Puerto Rico L. Villafane	ular de v. Jorge Guzman	cases, small claims act	Court Numb	irt or agency t Instance Court of Name	ctions, support o	Status of the case Pending On appeal

Creditor's Name Number Street City		Middle Name	Last Name Describe the property Explain what happened Property was repossessed. Property was foreclosed.	Case number (if known	Value of the property
Number Street			Explain what happened Property was repossessed.	Date	Value of the property
Number Street			Property was repossessed.		
lumber Street			Property was repossessed.		
Number Street			Property was repossessed.		
			Property was repossessed.		
City					
City			Property was foreclosed.		
City					
City			Property was garnished.		
	State	ZIP Code	Property was attached, seized, or levie	ed.	
fuse to make a payme ☑ No ☐ Yes. Fill in the detai		you owed a c	debt?		
			Describe the action the creditor took	Date action was taken	Amount
Creditor's Name					
Number Street			.		
Number Street					
City	State	ZIP Code	Last 4 digits of account number: XXXX	·	
2. Within 1 year before ppointed receiver, a cu No Yes List Certain (stodian, or	r another offici		n assignee for the benefit o	creditors, a court-

tor 1	JORGE	LUIS	VILLAFAÑE GUZMAN	Case number (if know	vn)
	First Name	Middle Name	Last Name		
Gifts wit	h a total value of moon	ore than \$600	Describe the gifts	Dates you gave the gifts	Value
erson to V	Whom You Gave the Gi	ift			
			-		
umber	Street				
ity	Sta	ate ZIP Code	1		
'erson's r	relationship to you _				
1 No			ry, did you give any gifts or contributions with a to	otal value of more than \$60	00 to any charity?
Gifts or o	ill in the details for e		ribe what you contributed	Date you	Value
nat tota	I more than \$600			contributed	
harity's Na					
nanty 5 ive	anie				
lumber	Street				
ity	State Z	ZIP Code			
t 6: Lis	st Certain Losse	c			
O. LIS	st Certain Losse	5			
Within 1 nbling?	year before you file	ed for bankruptcy	or since you filed for bankruptcy, did you lose ar	nything because of theft, fi	re, other disaster, or
1 No					
Yes. Fi	ill in the details.				
	the property you le	ost and Describ	e any insurance coverage for the loss	Date of your loss	Value of property lost
how the	loss occurred	Include insurance	the amount that insurance has paid. List pending se claims on line 33 of <i>Schedule A/B: Property</i> .		

or 1 JC	RGE	LUIS	VILLAFAÑE GUZMAN	Case number (if kno	wn)
	st Name	Middle Name	Last Name		
7: List Cer	tain Payments	s or Transfers			
ut seeking bar ude any attorna No	nkruptcy or prepa eys, bankruptcy p	aring a bankruptcy	l you or anyone else acting on your behalf of y petition? or credit counseling agencies for services re-		to anyone you consult
Yes. Fill in the	e details.				
	Carrasquillo La	aw	on and value of any property transferred	Date payment or transfer was made	Amount of payment
Office P.S.C. erson Who Was	Paid	Attorney's	s Fee	12/2/2024	\$217.00
O Box Box					
umber Street					
Caguas, PR (
ity	State ZIP C	Code			
mail or website a	ddress				
erson Who Made	the Payment, if No				
Debtorcc Inc		Description	on and value of any property transferred	Date payment or transfer was made	Amount of payment
erson Who Was		Pre-Bank	ruptcy Counseling Certificate		
378 Summit	Ave			11/27/2024	\$19.95
umber Street					
Jersey City, I	NJ 07306-3110				
ity	State ZIP C	Code			
mail or website a	ddress				
erson Who Made	the Payment, if No				
CIN Legal Da	ta Services	Description	on and value of any property transferred	Date payment or transfer was made	Amount of payment
erson Who Was		Pre-Filing	g Bankruptcy Credit Report		
540 Hineyw	ell Ct			12/02/2024	\$45.00
umber Street					
Dayton, OH 4	5424-5760				
ity	State ZIP C	Code			
mail or website a	ddress				

ebtor 1	JORGE	LUIS	VILLAFAÑE GUZMA	١N	Case number (if known)	
	First Name	Middle Name	Last Name		Case Hamber (# Mile	,
elp you d	leal with your credit		id you or anyone else acting on the control of the	on your behalf pa	y or transfer any property	to anyone who promised to
√ No						
☐ Yes. F	Fill in the details.					
		Descript	ion and value of any property	transferred	Date payment or transfer was made	Amount of payment
Person Wi	ho Was Paid					
Number	Street					
City	State	ZIP Code				
√ No	Fill in the details.	,	dy listed on this statement.			
		Descript transferi	ion and value of property ed		property or payments ebts paid in exchange	Date transfer was made
Person Wi	ho Received Transfer					
Number	Street					
City		ZIP Code				
Person's	relationship to you					
	10 years before you often called asset-		did you transfer any propert	y to a self-settled	trust or similar device of	which you are a beneficiary
√ No	, 51,611 54,1154 45551 7					
Yes. F	Fill in the details.					
		Descript	ion and value of the property	transferred		Date transfer was made
Name of	trust					

osed, sold, movuses, pension st balance fore closing or nsfer
uses, pension st balance fore closing or
uses, pension st balance fore closing or
uses, pension st balance fore closing or
st balance fore closing or
st balance fore closing or
fore closing or
fore closing or
fore closing or
fore closing or
nsfer
you still have
No
⁄es

First Name Middle Name Last Name			LUIS	VILLAFAÑE GUZMAN	Case number (if kr	nown)
It property You Hold or Control for Someone Else City		First Name	Middle I	Name Last Name		,
Number Street Number Street Street Number Street S				Who else has or had access to it?	Describe the contents	Do you still have it?
Imber Street Number Street						□No
ty State ZIP Code City State ZIP Code	ame of Sto	orage Facility		Name		Yes
Identify Property You Hold or Control for Someone Else	umber	Street		Number Street		
Identify Property You Hold or Control for Someone Else				City State ZIP Code		
Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for som five fill in the details. Where is the property? Describe the property Value	ty	State	ZIP Code			
Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for som No No No. Where is the property? Describe the property Value Number Street City State ZIP Code City State ZIP Code The purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, op or utilize it, including disposal sites. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, op or utilize it, including disposal sites. Altazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous mater pollutant, contaminant, or similar term. Dort all notices, releases, and proceedings that you know about, regardless of when they occurred. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?	t 9: Ide	entify Property `	You Hold c	or Control for Someone Else		
Where is the property? Describe the property Value		<u> </u>				
Where is the property? Number Street	_	nold or control any	property th	at someone else owns? Include any prope	erty you borrowed from, are storing for	or, or hold in trust for some
Number Street City State ZIP Code	1 No					
wher's Name Number Street	Yes. Fil	ll in the details.				
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City State ZIP Code Code Code City State ZiP Code Code Code Code City State ZiP Code Code Code Code City State ZiP Code	wner's Na	me		Number Street		
City State ZIP Code Contact State Code City State ZiP Code Code Code City State ZiP Code Code Code City State ZiP Code Code Code Code City State ZiP Code Code Code Code Code City State ZiP Code Code						
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t 10: Give Details About Environmental Information r the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, op or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous mater pollutant, contaminant, or similar term. port all notices, releases, and proceedings that you know about, regardless of when they occurred. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?				City State ZIP Code		
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Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous mater pollutant, contaminant, or similar term. bort all notices, releases, and proceedings that you know about, regardless of when they occurred. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No	the purp	ive Details Abo pose of Part 10, the mental law means ces, wastes, or ma	ut Environ e following d any federal, terial into the	mental Information lefinitions apply: state, or local statute or regulation concernication, soil, surface water, groundwater,		
Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No	t 10: Gi	oose of Part 10, the mental law means ces, wastes, or ma of these substance ans any location, fa	ut Environ e following d any federal, terial into the es, wastes, o acility, or prop	mental Information lefinitions apply: state, or local statute or regulation concernie air, land, soil, surface water, groundwater, or material.	or other medium, including statutes or	regulations controlling the
∕ INO	t 10: Gi the purp Environr substand cleanup Site mea or utilize Hazardo	pose of Part 10, the mental law means ces, wastes, or ma of these substance ans any location, facit, including disposous material means	ut Environ e following d any federal, terial into the es, wastes, o acility, or prop sal sites. s anything an	mental Information lefinitions apply: state, or local statute or regulation concerni e air, land, soil, surface water, groundwater, or material. Derty as defined under any environmental la	or other medium, including statutes or w, whether you now own, operate, or	regulations controlling the utilize it or used to own, ope
	the purp Environr substanc cleanup Site mea or utilize Hazardo pollutant	pose of Part 10, the mental law means of these substance ans any location, factorist, including disposed material means to contaminant, or second means, or second means, and the second means are second means and the second means are second means and the second means are second	ut Environ e following of any federal, terial into the es, wastes, of acility, or prop sal sites. s anything an	mental Information lefinitions apply: state, or local statute or regulation concernication; land, soil, surface water, groundwater, or material. Deerty as defined under any environmental later the	or other medium, including statutes or w, whether you now own, operate, or waste, hazardous substance, toxic su	regulations controlling the utilize it or used to own, open
Yes. Fill in the details.	t 10: Gi the purp Environr substant cleanup Site mea or utilize Hazardo pollutant	oose of Part 10, the mental law means ces, wastes, or ma of these substance ans any location, fact, including disposous material means t, contaminant, or sotices, releases, and	e following of any federal, terial into the es, wastes, of acility, or proposal sites. anything and similar term. and proceeding and proceeding and proceeding and and proceeding and and proceeding an	mental Information lefinitions apply: state, or local statute or regulation concerni e air, land, soil, surface water, groundwater, or material. Derty as defined under any environmental later environmental law defines as a hazardous	or other medium, including statutes or w, whether you now own, operate, or waste, hazardous substance, toxic suen they occurred.	regulations controlling the utilize it or used to own, open bstance, hazardous materia
	r the purp Environr substanc cleanup Site mea or utilize Hazardo pollutant port all no	oose of Part 10, the mental law means ces, wastes, or ma of these substance ans any location, fact, including disposous material means t, contaminant, or sotices, releases, and	e following of any federal, terial into the es, wastes, of acility, or proposal sites. anything and similar term. and proceeding and proceeding and proceeding and and proceeding and and proceeding an	mental Information lefinitions apply: state, or local statute or regulation concerni e air, land, soil, surface water, groundwater, or material. Derty as defined under any environmental later environmental law defines as a hazardous	or other medium, including statutes or w, whether you now own, operate, or waste, hazardous substance, toxic suen they occurred.	regulations controlling the utilize it or used to own, open bstance, hazardous materia
	r the purp Environr substance cleanup Site mea or utilize Hazardo pollutant port all no Has any	pose of Part 10, the mental law means of these substance ans any location, fact, including dispose, material means to, contaminant, or sortices, releases, and governmental unit	e following of any federal, terial into the es, wastes, of acility, or proposal sites. anything and similar term. and proceeding and proceeding and proceeding and and proceeding and and proceeding an	mental Information lefinitions apply: state, or local statute or regulation concerni e air, land, soil, surface water, groundwater, or material. Derty as defined under any environmental later environmental law defines as a hazardous	or other medium, including statutes or w, whether you now own, operate, or waste, hazardous substance, toxic suen they occurred.	regulations controlling the utilize it or used to own, open bstance, hazardous materia
	t 10: Gi the purp Environr substance cleanup Site mea or utilize Hazardo pollutant port all no Has any	pose of Part 10, the mental law means of these substance ans any location, fact, including dispose, material means to, contaminant, or sortices, releases, and governmental unit	e following of any federal, terial into the es, wastes, of acility, or proposal sites. anything and similar term. and proceeding and proceeding and proceeding and and proceeding and and proceeding an	mental Information lefinitions apply: state, or local statute or regulation concerni e air, land, soil, surface water, groundwater, or material. Derty as defined under any environmental later environmental law defines as a hazardous	or other medium, including statutes or w, whether you now own, operate, or waste, hazardous substance, toxic suen they occurred.	regulations controlling the utilize it or used to own, open bstance, hazardous materia
	t 10: Gi the purp Environr substance cleanup Site mea or utilize Hazardo pollutant port all no Has any	pose of Part 10, the mental law means of these substance ans any location, fact, including dispose, material means to, contaminant, or sortices, releases, and governmental unit	e following of any federal, terial into the es, wastes, of acility, or proposal sites. anything and similar term. and proceeding and proceeding and proceeding and and proceeding and and proceeding an	mental Information lefinitions apply: state, or local statute or regulation concerni e air, land, soil, surface water, groundwater, or material. Derty as defined under any environmental later environmental law defines as a hazardous	or other medium, including statutes or w, whether you now own, operate, or waste, hazardous substance, toxic suen they occurred.	regulations controlling the utilize it or used to own, open bstance, hazardous materia

btor 1	JORGE	LUIS	VILLAFAÑE GU	ZMAN Case number (if	known)
	First Name	Middle	Name Last Name	·	,
			Governmental unit	Environmental law, if you know it	Date of notice
Name of sit	e		Governmental unit	_	
Number	Street		Number Street	_	
			City State ZIP Code	_	
City	State	ZIP Code			
. Have yo i √ 1No	i notified any gove	ernmentai u	nit of any release of hazardous m	ateriai?	
Yes. Fil	I in the details.				
			Governmental unit	Environmental law, if you know it	Date of notice
Name of site	e		Governmental unit	_	
Number	Street		Number Street	_	
			City State ZIP Code	_	
City	State	ZIP Code			
-	u been a party in a	ny judicial c	or administrative proceeding under	er any environmental law? Include settlemen	ts and orders.
√ No ⊃v =					
_ Yes. Fil	I in the details.		Court or agency	Nature of the case	Status of the cas
			Court or agency	Nature of the case	Status of the cas
Case title			Court Nama	_	Pending
			Court Name		On appeal
			Number Street	-	Concluded
Case numb					

ebtor 1	JORGE	LUIS	VILLAFAÑE GUZMAN	Case number (if known)
	First Name	Middle Name	Last Name	
Part 11: Gi	ve Details Abou	it Your Business	or Connections to Any Busines	SS
27. Within 4 y	ears before you fi	led for bankruptcy,	did you own a business or have any	of the following connections to any business?
☐ A s	ole proprietor or se	lf-employed in a tra	de, profession, or other activity, either	full-time or part-time
☐ A n	nember of a limited	liability company (L	LC) or limited liability partnership (LLP)
ДАр	artner in a partners	ship		
☐ An	officer, director, or	managing executive	e of a corporation	
☐ An	owner of at least 5	% of the voting or e	quity securities of a corporation	
√ No. Nor	ne of the above app	lies. Go to Part 12.		
Yes. Ch	eck all that apply a	bove and fill in the	details below for each business.	
		Desc	ribe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Name				Do not include Social Security number of Trin.
				EIN:
Number	Street	Name	of accountant or bookkeeper	Dates business existed
			о постания от постановрем	
				From To
City	State Z	IP Code		
	ears before you fi	led for bankruptcy,	did you give a financial statement to	anyone about your business? Include all financial institutions,
√ No				
Yes. Fill	in the details below	٧.		
		Date i	ssued	
Name			D/YYYY	
		, 2.		
Number	Street			
City	State Z	IP Code		

Debtor 1 **JORGE** LUIS VILLAFAÑE GUZMAN Case number (if known) -First Name Middle Name Last Name

Part 12: Sign Below	
I have read the answers on this <i>Statement of Financial Affairs</i> and any attact and correct. I understand that making a false statement, concealing propert bankruptcy case can result in fines up to \$250,000, or imprisonment for up to	y, or obtaining money or property by fraud in connection with a
/s/ JORGE LUIS VILLAFAÑE GUZMAN Signature of JORGE LUIS VILLAFAÑE GUZMAN, Debtor 1 Date 12/04/2024	
Did you attach additional pages to your <i>Statement of Financial Affairs for In</i> ✓ No ☐ Yes	dividuals Filing for Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone who is not an attorney to help you fill \$\overline{\square}\$ No	out bankruptcy forms? Attach the Bankruptcy Petition Preparer's Notice.
Yes. Name of person	Declaration, and Signature (Official Form 119).

bankruptcy;

United States Bankruptcy Court District of Puerto Rico

In re	re VILLAFAÑE GUZMAN, JORGE LUIS	
	Case No.	
Debte	ebtor Chapter 13	
	DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR	
1.	Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named decompensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as fol	, for services rendered
	✓ NO LOOK FEE	
	For legal services, I have agreed to accept	\$4,000.00
	Prior to the filing of this statement I have received	\$217.00
	Balance Due	\$3,783.00
	RETAINER	
	For legal services, I have agreed to accept and received a retainer of	
	The undersigned shall bill against the retainer at an hourly rate of	
2.	\$313.00 of the filing fee has been paid.	
3.	The source of the compensation paid to me was:	
	☑ Debtor ☐ Other (specify)	
4.	The source of compensation to be paid to me is:	
	☑ Debtor ☐ Other (specify)	
5.	☑ I have not agreed to share the above-disclosed compensation with any other person unless they are member law firm.	s and associates of my
	I have agreed to share the above-disclosed compensation with a other person or persons who are not member law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is	-
6.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case,	including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file	a petition in

- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- 7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

12/04/2024

/s/ Roberto Figueroa Carrasquillo

Date

Roberto Figueroa Carrasquillo Signature of Attorney

> Bar Number: 203614 R. Figueroa Carrasquillo Law Office P.S.C. PO Box Box 186

Caguas, PR 00726 Phone: (787) 963-7699

R. Figueroa Carrasquillo Law Office P.S.C.

Name of law firm

Fill in this information t	o identify your case:		
Debtor 1	JORGE	LUIS	VILLAFAÑE GUZMAN
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankru	ptcy Court for the:		District of Puerto Rico
Case number			
(if known)			

Check as directed in lines 17 and 21:
According to the calculations required by this Statement:
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
☑ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
3. The commitment period is 3 years.
4. The commitment period is 5 years.
☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

				Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and copayroll deductions).	ommissions (bef	ore all	\$0.00	\$0.00
3.	Alimony and maintenance payments. Do not include payments.	nents from a spor	use.	\$0.00	\$0.00
4.	All amounts from any source which are regularly paid for your dependents, including child support. Include regular unmarried partner, members of your household, your deper roommates. Do not include payments from a spouse. Do not on line 3.	contributions fro ndents, parents,	m an and	\$0.00	\$0.00
5.	Net income from operating a business, profession, or farm	Debtor 1	Debtor 2		
	Gross receipts (before all deductions)	\$0.00	\$0.00		
	Ordinary and necessary operating expenses	\$0.00	\$0.00		
	Net monthly income from a business, profession, or farm	\$0.00	7	Copy nere → \$0.00	\$0.00
6.	Net income from rental and other real property	Debtor 1	Debtor 2		
	Gross receipts (before all deductions)	\$0.00	\$0.00		
	Ordinary and necessary operating expenses	\$0.00	\$0.00		
	Net monthly income from rental or other real property	\$0.00	40.00	Copy nere → \$0.00	\$0.00

Debtor 1 JORGE LUIS VILLAFAÑE GUZMAN Case number (if known)

First Name	Middle Name	Last Name				
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
7. Interest, dividends, and royalti	es			\$0.00	\$0.00	
8. Unemployment compensation				\$0.00	\$0.00	
Do not enter the amount if you	contend that the amour	nt received was a ber	efit under			
the Social Security Act. Instead	list it here:		\downarrow			
For you		<u> </u>	\$0.00			
For your spouse			\$0.00			
9. Pension or retirement income. under the Social Security Act. A include any compensation, penstates Government in connectic death of a member of the unifor under chapter 61 of title 10, the exceed the amount of retired pa	lso, except as stated ir sion, pay, annuity, or al on with a disability, commed services. If you ren include that pay only to which you would or	n the next sentence, of lowance paid by the lowance paid by the lowat-related injury or occived any retired pato the extent that it dotherwise be entitled it	do not Jnited disability, or y paid oes not	\$0.00	\$0.00	
10. Income from all other sources not include any benefits receiv a victim of a war crime, a crime terrorism; or compensation, pe States Government in connect death of a member of the unifor separate page and put the total	ed under the Social Se against humanity, or i nsion, pay, annuity, or ion with a disability, col irmed services. If neces	curity Act; payments nternational or dome: allowance paid by the mbat-related injury or	received as stic e United disability, or			
UBER/Professional-Service	es Income			\$2,544.51	\$0.00	
•						
Total amounts from separate pa	ges if any					
Total amounts from separate pe	gos, ii arry.			\$2,544.51	+ \$0.00	= \$2,544.51
 Calculate your total average r column. Then add the total for 			each	<u>\$2,544.51</u>	+	= \$2,544.51
ocidinii. Then add the total for	Column 77 to the total 1	or column b.				Total average monthly income
Part 2: Determine How to Me	asure Vour Deduc	tions from Incom	۵			monthly income
rart 2. Determine now to we	asure rour beduc	tions from fricom	<u> </u>			
12. Copy your total average mont	hly income from line 1	l1 .				\$2,544.51
13. Calculate the marital adjustme	ent. Check one:					
☐ You are not married. Fill in 0 b	elow.					
You are married and your spo	use is filing with you. F	fill in 0 below.				
✓ You are married and your spo	use is not filing with yo	ou.				
Fill in the amount of the incon your dependents, such as pay dependents.						
Below, specify the basis for e additional adjustments on a s		nd the amount of inco	me devoted to	each purpose. If necess	sary, list	
If this adjustment does not ap	ply, enter 0 below.					
			_			
-			_ +_			
Total				\$0.00 Copy	here. $ ightarrow$	\$0.00
14. Your current monthly income	Subtract the total in lir	ne 13 from line 12.				\$2,544.51

Debtor 1	JORGE	LUIS	VILLAFAÑE GUZ	MAN Case number (if kn	own)
	First Name	Middle Name	Last Name	<u> </u>	,
15. Calculate	your current mont	hly income for the yea	ar. Follow these steps:		
15a. Co	by line 14 here \longrightarrow				\$2,544.51
	•	the number of months			x 12
				form	¢20 524 42
100. 1110	o result is your curre	THE MONTHLY INCOME TO	the year for this part of the	. 101111	
16. Calculate	the median family	income that applies to	you. Follow these steps:		
16a. Fill	in the state in which	n you live.	<u>Pue</u>	rto Rico_	
16b. Fill	in the number of pe	ople in your household	<u> </u>	1	
16c. Fill	in the median family	y income for your state	and size of household		\$29,153.00
			unts, go online using the li available at the bankruptcy	ink specified in the separate clerk's office.	
17. How do t	he lines compare?				
		nan or equal to line 160	On the top of page 1 of t	his form, check box 1, Disposable income is	not determined under 11
	U.S.C. § 1325(b)	(3). Go to Part 3. Do No	OT fill out Calculation of Yo	our Disposable Income (Official Form 122C-2	2).
17b. ⊻	1325(b)(3). Go to	than line 16c. On the to Part 3 and fill out Caloncome from line 14 abo	culation of Your Disposab	heck box 2, <i>Disposable income is determine</i> le Income (Official Form 122C–2). On line 39	d under 11 U.S.C. § 3 of that form, copy your
Part 3: Cald	culate Your Com	mitment Period Ur	nder 11 U.S.C. §1325(b)(4)	
18. Сору уо ι	ır total average mo	nthly income from line) 11		\$2,544.51
calculatin amount fr	g the commitment prom line 13.	period under 11 U.S.C.	§ 1325(b)(4) allows you to	not filing with you, and you contend that deduct part of your spouse's income, copy the	
19a. If the	marital adjustment	does not apply, fill in 0	on line 19a		\$0.00
19b. Subtr	ract line 19a from li	ne 18.			\$2,544.51
20. Calculate	your current mont	hly income for the yea	ar. Follow these steps.		
20a. Copy I	ine 19b				\$2,544.51
Multip	ly by 12 (the numbe	r of months in a year).			x 12
20b. The re	sult is your current	monthly income for the	year for this part of the for	rm.	\$30,534.12
20c. Copy t	he median family in	come for your state an	d size of household from li	ne 16c	<u>\$29,153.00</u>
21. How do t	he lines compare?				
Line 20	b is less than line 2		rdered by the court, on the	e top of page 1 of this form, check box 3,	
☑ Line 20	b is more than or e	3 years. Go to Part 4. qual to line 20c. Unless ent period is 5 years. (court, on the top of page 1 of this form,	
Part 4: Sign	n Below				
By signing	here, under penalty	of perjury I declare th	at the information on this s	statement and in any attachments is true and	correct.
Y .					
_	nature of Debtor 1	ILLAFAÑE GUZMA	<u>N</u>		
Da	te 12/04/2024				
	MM/ DD/ YYYY				
-		ll out or file Form 122C		that form, copy your current monthly income	from line 14 above

Fill ir	n this information	to identify your case:				
Deb	otor 1	JORGE First Name	LUIS Middle Name	VILLAFAÑE GUZMAN Last Name		
	otor 2 ouse, if filing)	First Name	Middle Name	Last Name		
Uni	ted States Bankr	uptcy Court for the:		District of Puerto Rico		
	se number nown)				☐ Check if thi amended fi	
— Offi	icial Form	122C-2			1	
 Ch	apter 13	 3 Calculati	on of You	ur Disposable Incor	me	04/22
	ll out this form, y cial Form 122C–		mpleted copy of	Chapter 13 Statement of Your Current I	Monthly Income and Calculation of Commi	itment Period
need	led, attach a sep				ly responsible for being accurate. If more mation applies. On the top of any addition	
Part	t 1: Calculate	Your Deductions	from Your Inc	ome		
line at tl	es 6-15. To find the bankruptcy cl	ne IRS standards, go lerk's office.	online using the	link specified in the separate instructio	ounts. Use these amounts to answer the quins for this form. This information may also	o be available
they	y are higher than	the standards. Do no	t include any ope		n income in lines 5 and 6 of Form 122C–1,	
If yo	our expenses diff	er from month to mor	nth, enter the aver	age expense.		
Not	te: Line numbers	1-4 are not used in th	iis form. These nu	ımbers apply to information required by a	a similar form used in chapter 7 cases.	
5.	Fill in the numb	per of people who cou additional dependents	ld be claimed as	uctions from income exemptions on your federal income tax re ort. This number may be different from th		
	National Standards	You must use the	IRS National Sta	ndards to answer the questions in lines 6	3-7 .	
6.		, and other items: Us n the dollar amount fo		f people you entered in line 5 and the IR and other items.	S National	\$808.00
7.	dollar amount f who are 65 or o	or out-of-pocket healt	h care. The numb people have a hig	per of people you entered in line 5 and the per of people is split into two categories—her IRS allowance for health care costs. In amount on line 22.	people who are under 65 and people	

Debtor 1 **JORGE LUIS** VILLAFAÑE GUZMAN Case number (if known) _ First Name Middle Name Last Name People who are under 65 years of age 7a. Out-of-pocket health care allowance per person \$83.00 Number of people who are under 65 1 Copy \$83.00 7c. Subtotal. Multiply line 7a by line 7b. \$83.00 here People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person \$158.00 7e. Number of people who are 65 or older 0 Copy \$0.00 \$0.00 Subtotal. Multiply line 7d by line 7e. here \$83.00 Total. Add lines 7c and 7f. \$83.00 Copy here →.... Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities – Insurance and operating expenses Housing and utilities – Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. \$548.00 Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount \$615.00 listed for your county for mortgage or rent expenses.

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment			
9b. Total average monthly payment	\$0.00	Copy here →	\$0	.00 Repeat this amount on line 33a.
N. c.				

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$615.00 \$615.00 Copy here \rightarrow

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$0.00	

Explain _	
why:	

Debtor 1 JORGE LUIS VILLAFAÑE GUZMAN Case number (if known)

Last Name

11.	Local transportation expenses: Check the number	er of vehicles for which you	claim an ow	vnership or opera	ting expense.	
	0. Go to line 14.					
	1. Go to line 12.					
	2 or more. Go to line 12.					
2.	Vehicle operation expense: Using the IRS Local S expenses, fill in the <i>Operating Costs</i> that apply for				m the operating	\$285.00
13.	Vehicle ownership or lease expense: Using the IR vehicle below. You may not claim the expense if you not claim the expense for more than two vehicles.					
	Vehicle 1 Describe Vehicle 1:					
	13a. Ownership or leasing costs using IRS Local S	Standard				
	13b. Average monthly payment for all debts secure	ed by Vehicle 1.				
	Do not include costs for leased vehicles.					
	To calculate the average monthly payment he amounts that are contractually due to each se months after you file for bankruptcy. Then divi	ecured creditor in the 60				
	Name of each creditor for Vehicle 1	Average monthly payment				
	Total average monthly payment		Copy here →		Repeat this amount on line 33b.	
	13c. Net Vehicle 1 ownership or lease expense		T Here		1	
	Subtract line 13b from line 13a. If this number	is less than \$0, enter \$0			Copy net Vehicle 1 expense here →	
	Vehicle 2 Describe Vehicle 2:					
	13d. Ownership or leasing costs using IRS Local S	Standard				
	13e. Average monthly payment for all debts secure	ed by Vehicle 2.				
	Do not include costs for leased vehicles.					
	Name of each creditor for Vehicle 2	Average monthly payment				
		+				
	Total average monthly payment	<u> </u>	Copy here →		Repeat this amount on line 33c.	
	13f. Net Vehicle 2 ownership or lease expense				Copy net Vehicle 2	
	Subtract line 13e from 13d. If this number is le	ss than \$0, enter \$0			expense here →	
14.	Public transportation expense: If you claimed 0 v Transportation expense allowance regardless of				n the <i>Public</i>	
15.	Additional public transportation expense: If you of public transportation expense, you may fill in what IRS Local Standard for <i>Public Transportation</i> .					\$0.00

First Name

Middle Name

Debtor 1

JORGE LUIS VILLAFAÑE GUZMAN

First Name	Middle Name	Last Name

Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$0.00 Disability insurance \$0.00 Health savings account \$0.00 Total \$0.00 Copy total here → Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continuing contributions to the care of household or family members.		Other Necessary In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.	
uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance on their than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due biligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: ■ as a condition for your job, or ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health care that is required for the dependents; such as pages, call waiting, caller identification, special long distance, or business cell phone services for you and your dependents; such as pages, call waiting, caller identification, special long distance, or business cell phone service to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you an	\$0.00	social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.	16.
include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: ■ as a condition for your job, or ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount your previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances listed in lines 6-24. 25. Health insurance, disab	\$0.00	uniform costs.	17.
spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: ■ as a condition for your job, or ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Poductions Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your	\$0.00	include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance	18.
20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Deductions These are additional deauctions allowed by the Means Test. Deductions These are additional deauctions allowed by the Means Test. Deductions These are additional deauctions allowed by the Means Test. Deductions The alth insurance, disability insurance, and health savings accounts that are reasonably necessary for your spouse, or your dependents. Healt	\$0.00	spousal or child support payments.	19.
21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense	\$0.00	■ as a condition for your job, or	20.
health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Deductions Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$0.00 Disability insurance \$0.00 Copy total here →	\$0.00		21.
dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Deductions Note: Do not include any expenses allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$0.00 Disability insurance \$0.00 Disability insurance \$0.00 Copy total here → Do you actually spend this total amount? No. How much do you actually spend? Yes Continuing contributions to the care of household or family members.	\$0.00	health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.	22.
Additional Expense These are additional deductions allowed by the Means Test. Deductions Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$0.00 Disability insurance \$0.00 Health savings account + \$0.00 Total \$0.00 Copy total here →	\$0.00	dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as	23.
Peductions Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance Disability insurance S0.00 Health savings account S0.00 Total Copy total here → Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continuing contributions to the care of household or family members.	\$2,339.00		24.
insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total amount? No. How much do you actually spend? Yes Continuing contributions to the care of household or family members.			
Disability insurance Health savings account Total Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continuing contributions to the care of household or family members.		insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.	25.
Health savings account Total \$0.00 Solve total here →			
Total \$0.00 Copy total here →			
Do you actually spend this total amount? ☐ No. How much do you actually spend? ☐ Yes 26. Continuing contributions to the care of household or family members.		Total	
No. How much do you actually spend? ✓ Yes Continuing contributions to the care of household or family members.	\$0.00	Copy total fiere →	
26. Continuing contributions to the care of household or family members.		□ No. How much do you actually spend?	
The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).	\$0.00	Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These	26.
27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential.	\$0.00	family under the Family Violence Prevention and Services Act or other federal laws that apply.	27.

Case number (if known)

Debto	or 1	JORGE	LUIS	VILLAFANE GUZM	AN	Case number (if known)	
		First Name	Middle Nam	e Last Name		, ,	
28.	Additional	home energy co	sts. Your home	energy costs are included in your i	nsurance and opera	ating expenses on line 8.	
		eve that you have amount of home		osts that are more than the home e	nergy costs include	d in expenses on line 8, then fill in	\$0.00
	You must o		0,	tion of your actual expenses, and y	ou must show that	the additional amount claimed is	
29.				n who are younger than 18. The no are younger than 18 years old to			\$0.00
				tion of your actual expenses, and yaccounted for in lines 6-23.	ou must explain wh	ny the amount claimed is	
	* Subject to	o adjustment on 4	/01/25, and eve	ry 3 years after that for cases begu	ın on or after the da	ite of adjustment.	
30.	combined		allowances in th	monthly amount by which your ac ne IRS National Standards. That ar		ng expenses are higher than the ore than 5% of the food and clothing	\$0.00
				onal allowance, go online using the ruptcy clerk's office.	link specified in the	e separate instructions for this form.	
	You must s	show that the addi	itional amount cl	aimed is reasonable and necessar	y.		
31.				mount that you will continue to con C. § 548(d)3 and (4).	tribute in the form o	of cash or financial instruments to a	\$0.00
	Do not incl	lude any amount r	more than 15% of	of your gross monthly income.			
32.		the additional exp 25 through 31.	pense deduction	ns.		[\$0.00
						-	
Ded	luctions for I	Debt Payment					
33.		that are secured l ured debt, fill in lir		n property that you own, including n 33e.	home mortgages,	vehicle loans, and	
				ent, add all amounts that are contr Then divide by 60.	actually due to each	h secured creditor in	
						Average monthly payment	
	Mortgage	es on your home					
	33а. Сор	y line 9b here			→	\$0.00	
	Loans on	your first two ve	hicles				
	33b. Cop	y line 13b here			→	\$0.00	
	33c. Copy	y line 13e here			→		
	33d. List	other secured deb	ots:				
	Name of	f each creditor for	other	Identify property that secures the	Does payme	nt	
	secured		otriei	debt	include taxes insurance?		
					DNo		
					☐ Yes		
					□ No □ Yes		
					No		
					☐ Yes	+	
	33e. Tota	I average monthly	payment. Add I	ines 33a through 33d		\$0.00 Copy total here→	\$0.00
							 _

VILLAFAÑE GUZMAN

Debtor 1

JORGE

LUIS

_		
\neg	htar	- 1
ᇆ	btor	- 1

JORGE	LUIS	VILLAFAÑE GUZMAN
First Name	Middle Name	Last Name

Case number	(if known)

34.	Are any debts that you listed in lin support or the support of your dep		residence, a vehicle	e, or other pro	perty necessary for	your	
	✓ No. Go to line 35.						
	Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the <i>cure amount</i>). Next, divide by 60 and fill in the information below.						
	Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount		
				÷ 60 =			
				÷ 60 =			
				÷ 60 =	+		
				Total	\$0.00	Copy total	\$0.00
35.	Do you owe any priority claims—s bankruptcy case? 11 U.S.C. § 507.		pport, or alimony—	that are past	due as of the filing	here → date of your	<u> </u>
	✓No. Go to line 36.						
	Yes. Fill in the total amount of all those you listed in line 19.	of these priority claims. Do not	t include current or c	ongoing priority	y claims, such as		
	Total amount of all past-due	e priority claims				÷ 60	
36.	Projected monthly Chapter 13 plan	n payment		_	\$0.00		
Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).							
	To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. X 10.00%						
	Average monthly administrative	expense			\$0.00	Copy total here →	\$0.00
37.	37. Add all of the deductions for debt payment. Add lines 33e through 36.						\$0.00
Total	Deductions from Income						
38.	Add all of the allowed deductions.						
	Copy line 24, All of the expenses al	lowed under IRS expense allow	vances		\$2,339.00		
	Copy line 32, All of the additional ex	kpense deductions			<u>\$0.00</u>		
	Copy line 37, All of the deductions t	for debt payment			+\$0.00	Сору	
	Total deductions				\$2,339.00	total here →	\$2,339.00

Debtor 1 JORGE LUIS VILLAFAÑE GUZMAN Case number (if known) ______

Par	t 2: Deter	rmine You	r Disposable Income Unde	er 11 U.S.C. § 1325(b)(2)			
39.			nt monthly income from line 14 rrent Monthly Income and Calc					\$2,544.51
40.	O. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.				oility ed in	\$0.00		
41.	 Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). 				ecified in	\$0.00		
42.	Total of all	deductions	allowed under 11 U.S.C. § 707	(b)(2)(A). Copy line 38 here	→	\$2,339.00		
43.	43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.							
	Describe	e the special	circumstances	Amount of expense				
	UBER to	ansportat	ion monthly expenses	<u>\$500.00</u>				
			Total	+Cop	y here +	\$500.00		
44.	Total adjus	stments. Ad	d lines 40 through 43			\$2,839.00	Copy h	ere → - \$2,839.00
45.	5. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.							
Par	t 3: Chan	ige in Inco	ome or Expenses					
46.	46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.							
F	orm	Line	Reason for change		Date of cl	hange Increa		mount of change
	122C-1 122C-2					— <u> </u>	crease _	
	122C-1 122C-2					_	crease _	

Debtor 1 **JORGE LUIS VILLAFAÑE GUZMAN** Case number (if known) ___

First Name Middle Name Last Name

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

/s/ JORGE LUIS VILLAFAÑE GUZMAN
Signature of Debtor 1

Date 12/04/2024 MM/ DD/ YYYY

IN THE UNITED STATES BANKRUPTCY COURT DISTRICT OF PUERTO RICO HATO REY DIVISION

IN RE: VILLAFAÑE GUZMAN, JORGE LUIS	CASE NO		
	CHAPTER 13		

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowle	edge.
--	-------

Date 12/04/2024 Signature /s/ JORGE LUIS VILLAFAÑE GUZMAN
JORGE LUIS VILLAFAÑE GUZMAN, Debtor

Banco Popular de Puerto Rico

PO Box 362708 San Juan, PR 00936-2708

Citibank/Sears

Attn: Centralized Bankruptcy

PO Box 790040

St Louis, MO 63179-0040

Costco Citi Card

Attn: Bankruptcy PO Box 6500

Sioux Falls, SD 57117

Internal Revenue Services

PO Box 21126

Philadelphia, PA 19114-0326

Martinez & Torres Law Offices

PSC

Carla M. Nevarez Perez, Esq

PO Box 192938

San Juan, PR 00919-2938

Midland Credit Mgmt

Attn: Bankruptcy PO Box 939069

San Diego, CA 92193

Synchrony Bank/Sams Club

Attn: Bankruptcy Po Box 965060 Orlando, FL 32896